2020 Corrections

Certified Coding Associate (CCA) Exam Preparation, Seventh Edition

AHIMA Product # AC400319

Exam 1

6. Identify the ICD-10-PCS code(s) for insertion of dual chamber cardiac pacemaker battery via an incision in the subcutaneous tissue of the chest wall, and percutaneous transvenous insertion of right atrial and left ventricular leads.
> a. 0JH606Z, 02H73JZ, 02HL3JZ
> b. 0WH80YZ, 02H63JZ, 02HK3JZ
> c. 0WH80YZ, 02H73JZ, 02HL3JZ
> d. 0JH606Z, 02H63JZ, 02HK3JZ

Answer is d.   ICD-10-PCS classifies cardiac pacemakers as Devices, character 6. Root operations of Insertion, removal, and revision always involve a device, such as a pacemaker. In coding initial insertion of a dual chamber permanent pacemaker, three codes are required—one for the pacemaker (0JH606Z) and one for each lead (02H63JZ, 02HK3JZ) (Schraffenberger 2019, 68–70).

7. Identify the correct ICD-10-PCS code(s) for replacement of an old dual pacemaker battery with a new dual pacemaker battery in the subcutaneous tissue of the chest wall via incisional approach.
> a. 0JPT0PZ, 0JH606Z
> b. 0JH606Z
> c. 0JWT0PZ
> d. 0JPT3PZ, 0JH634Z

Answer is a.   When a pacemaker is replaced with another pacemaker, both the removal of the old device and the insertion of the new pacemaker are coded (0JPT0PZ, 0JH606Z). Per ICD-10-PCS Reference Manual, 2.55, "A procedure to remove a device is coded to Removal if it is not an integral part of another root operation." It is not coded to the root operation Change because this involved cutting the skin. Change is only used for External approaches (CMS 2020).

Exam 2

14. Identify the correct ICD-10-CM diagnosis code(s) and proper sequencing for urinary tract infection due to *E. coli*.

      a. N39.0

      b. N39.0, B96.20

      c. B96.20

      d. B96.23, N39.0

Answer is b.   The connecting term "due to" connects the organism *E. coli* to the urinary tract infection. The instructional note "Use additional code" (B95–B97) is found in the Tabular List of ICD-10-CM under Code N39.0. This notation indicates that use of an additional code may provide a more complete picture of the diagnosis or procedure. The additional code should always be assigned if the health record provides supportive documentation. Infection, urinary (tract) Tabular List—use additional code to identify organism. Infection, *Escherichia coli*. Index: Infection, Escherichia (E.) coli, as cause of disease classified elsewhere B96.20 (Schraffenberger 2019, 20, 28-30).

Exam 3

7. Identify the CPT procedure code(s) for whole-body PET scan.

      a. 78813

      b. 78816

      c. 78806

      d. 78804

Answer is a.   Index Nuclear Medicine, Positron Emission Tomography (PET), resulting in code range 78811–78816. Review of the available codes indicates that 78813 is the correct code (AMA 2020, 518).

9. Identify the CPT procedure code(s) for a SPECT bone scan, planar, whole body, single day imaging.

      a. 78710

      b. 78803

c. 78607

d. 78802

Answer is d.   Index SPECT, resulting in code range 78800 - 78832. The acronym SPECT stand for single photon emission computed tomography and is a more sophisticated form of CT scanning. Unlike basic x-ray CT scanning, SPECT involves injected radionuclides and is considered a form of nuclear medicine. It is being supplanted to some extent now by PET (positron emission tomography) scanning, which is capable of better resolution and sensitivity (AHIMA 2016, 468) (AMA 2020, 517).

22. An 8-year-old male hemophiliac is admitted with acute blood loss anemia due to uncontrolled bleeding. He is given clotting factor and six units of whole blood administered in a peripheral vein. Which of the following diagnosis and procedure ICD-10-CM/PCS codes would be correct?

a. D66, 30233V1, 30233H1

b. D62, D66, 30233V1, 30233H1

c. D66, D62, 30233V1, 30233H1

d. D62, 30233V1, 30233H1

Answer is b.   The anemia code D62 would be coded as the principal diagnosis. In accordance with the UHDDS definition for principal diagnosis, the anemia (not the hemophilia), is the reason for admission and sequenced as the principal diagnosis. Transfusion is defined by PCS to by "putting in blood or blood related products." It is the Section 3 Administration. To build the code for transfusions, locate Transfusion in the PCS alphabetic index, then locate sub-entry for the body part—Vein, Peripheral. Next locate the subterm for the blood products—3023 for both Whole blood and Antihemophilic factors. Go to Table 302, select 3 Peripheral Vein for Body System/Region (character 4), select 3 Percutaneous for Approach (character 5), and select H Whole blood for Substance, and select 1 Nonautologous for Qualifier (character 7). The process is identical for Clotting factor, except for character 6 – Substance in which you select V Antihemophilic Factors. Final codes are 30233H1 and 30233V1 (CMS 2020, 3.11).

28. The patient was admitted with increasing shortness of breath, weakness, and nonproductive cough. Treatment included oxygen therapy and a bronchoscopy of the left and right bronchus. Final diagnoses listed as acute respiratory insufficiency and

acute exacerbation of chronic obstructive pulmonary disease (COPD). What is the appropriate code assignment?

a. J44.1, 0BJ08ZZ

b. J44.9, R06.89, 0BJ08ZZ

c. J96.00, J44.9

d. R96.89, J44.1

Answer is a.   Rationale: The Alphabetic Index main term is Disease, subterms lung, obstructive (chronic), with, acute, exacerbation. Acute respiratory insufficiency is an integral part of COPD and is, therefore, not coded. For procedure code 0BJ08ZZ, Alphabetic index main term Inspection, subterm tracheobronchial tree (AHIMA 2016, 510).

29. A ventilator-dependent patient (due to emphysema) is admitted to the hospital at 10 a.m. on January 1. He is admitted for dehydration and is placed on the hospital's ventilator upon admission. The patient is discharged January 6 at 1 p.m. What is the appropriate code assignment?

a. J43.9, E86.0, 5A1955Z

b. E86.0, J43.9, Z99.11, 5A1955Z

c. E86.0, J44.9, Z99.11, 5A1945Z

d. J43.9, E86.0, 5A1955Z

Answer is b.   ICD-10-CM Rationale: For E86.0, the Alphabetic Index main term is Dehydration. For J43.9, the Alphabetic Index main term is Emphysema.

For Z99.11, the Alphabetic Index main term is Dependence, subterms on, ventilator.

ICD-10-PCS Rationale: Mechanical ventilation is in the Extracorporeal Assistance and Performance—Section 5, and the Root Operation of Performance. Performance defines procedures where complete control is exercised over a physiological function, such as total mechanical ventilation, cardiac pacing, and cardiopulmonary bypass. Performance procedures use equipment to support a physiological function in some way, whether it is breathing, circulating the blood, or restoring the natural rhythm of the heart. The 5th character in the mechanical ventilation code specifies the duration based on consecutive hours of support. The Alphabetic Index main term is Performance, subterms respiratory, greater than 96 consecutive hours, ventilation, which gives the entire code of 5A1955Z. Reference Table 5A1 to confirm that the characters are correct. Select 9 Respiratory for body part, 5 Greater than 96 consecutive hours for Duration (character 5), 5 Ventilation for Function (character 6), and Z No Qualifier for the qualifier (character 7) (AHIMA 2016, 510; CMS 2020, 1.12).

Practice Questions

34. A patient is admitted for chest pain with cardiac dysrhythmia to Hospital A. The patient is found to have an acute ST elevation (STEMI) inferior myocardial infarction with atrial fibrillation. After the atrial fibrillation was controlled and the patient was stabilized, she was transferred to Hospital B for a CABG X3. Coumadin therapy and monitoring for the atrial fibrillation continued at Hospital B. Using the codes listed here, what are the appropriate ICD-10-CM codes and sequencing for both hospitalizations?

I21.09	Myocardial infarction of anterior wall, initial
I21.19	Myocardial infarction of inferior wall, initial
I22.0	Myocardial infarction of anterolateral wall, subsequent
I22.1	Myocardial infarction of inferior wall, subsequent
I48.0	Paroxysmal atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.91	Unspecified atrial fibrillation
R07.9	Chest pain, unspecified
021209W	Aortocoronary bypass. Three sites from Aorta with Autologous Venous Tissue, Open Approach

     a. Hospital A: I48.91, R07.9, I21.19; Hospital B: I22.1, I48.91, 021209W
     b. Hospital A: I21.09, I48.0; Hospital B: I22.0, I48.20, 021209W
     c. Hospital A: I21.19, I48.91; Hospital B: I21.19, I48.91, 021209W
     d. Hospital A: I21.19, I48.91; Hospital B: I22.1, I48.91, 021209W

Answer: c.   Guideline I.C.9.e.1 for encounters occurring while the myocardial infarction is equal to, or less than, four weeks old, including transfers to another acute setting or a postacute setting, and the patient requires continued care for the myocardial infarction, codes form category I21 may continue to be reported (CMS 2020).

49. A patient is admitted with acute exacerbation of COPD, chronic renal failure and hypertension.
     a. J44.1, J44.9, I12.9, N18.9
     b. J44.0, N18.9, I10
     c. J44.9, N18.9, I10
     d. J44.1, I12.9, N18.9

Answer: d.   The patient was admitted for COPD, so this is listed as the principal diagnosis. Code J44.1 is used when the medical record includes documentation of COPD with acute exacerbation. ICD-10-CM presumes a cause-and-effect relationship and classifies chronic kidney disease with hypertension as hypertensive chronic kidney disease, code I12.9; however, the code also at category I12 directs the coder to also code the chronic renal failure N18.9 (Schraffenberger 2019, 92–97; CMS 2020).

53. What is the correct CPT code assignment for destruction of internal hemorrhoids, 3 groups, with use of infrared coagulation?
    a. 46255
    b. 46930
    c. 46260
    d. 46946

Answer is b. Index main term: Destruction, hemorrhoid, thermal. Thermal includes infrared coagulation (CPT 2020).

Corrections (June, August 2019)

Exam 1, page 41, question 23.

23. Identify the ICD-10-CM code(s) for acute osteomyelitis of the right index finger due to *Staphylococcus aureus*.
    a. M86.14
    b. M86.149, B95.61
    c. M86.141, A49.01
    d. M86.141, B95.61

Answer is d. Category M86 is divided into 4th-digit subcategories that describe acute, subacute or chronic osteomyelitis, with 5th and 6th character subclassifications to identify the bone and laterality. Two "use additional code" notes appear to remind the coder to use an additional code to identify the infectious agent. (Schraffenberger, 2018, 439)

Exam 2, page 58, question 4.

4. Identify the correct ICD-10-PCS code for open thrombectomy, left brachial artery.
    a. R68.89
    b. R79.89
    c. R89.8

d. R97.2

The answers should list:

a. 03C70Z6
b. 03B70ZZ
c. 03C84Z6
d. 03B70ZZ

Answer is a. The ICD-10-PCS term, "Extirpation" describes the thrombectomy. Note also the open approach and laterality. (Kuehn and Jorwic, 2018, 39).

Exam 2, page 71, question 4.

76. How are amendments handled in an EHR?
   a. Automatically appended to the original note; no additional signature is required.
   b. Amendments must be entered by the same person as the original note.
   c. Amendments cannot be entered after 24 hours of the event's occurrence.
   d. The amendment must have a separate signature, date, and time.

Answer d. is correct. An amendment made after the original documentation should follow the policies and procedures set by the organization (AHIMA 2011).

References Update

American Medical Association. 2020. *CPT Current Procedural Terminology Professional Edition*. Chicago: AMA.

Centers for Medicare and Medicaid Services (CMS). 2020. ICD-10-CM Official Guidelines for Coding and Reporting. https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2020-Coding-Guidelines.pdf

Centers for Medicare and Medicaid Services (CMS). 2020. Official ICD-10-PCS Coding Guidelines. https://www.cms.gov/media/329121